

CALIFORNIA'S CHILD AND FAMILY SERVICES REVIEW LAKE COUNTY SYSTEM IMPROVEMENT PLAN – 2004/2005

The Child Welfare Division of Lake County Department of Social Services (LCDSS) successfully completed the required Self-Assessment process in June 2004 as mandated by the California Department of Social Services (CDSS), consistent with Assembly Bill 636. The Self-Assessment document (shared with members of the Board of Supervisors in July) as well as the attached System Improvement Plan, combine to satisfy the goal of CDSS and LCDSS. That goal is to implement more effective ways to meet the needs of children and families in our community and thereby have happier healthier higher functioning children and more intact families.

The System Improvement Plan outlines how LCDSS plans to have more positive outcomes for clients in fiscal year 2004/2005. All fifty-eight counties are completing this same process. The System Improvement Plan includes data used in the Lake County Self-Assessment report. Various sets of statistics were relied upon for the data in the Self-Assessment, as follows: the Lake County Children's Report Card, completed in 2000 (this report captured the reality of children's lives in Lake County, and assisted LCDSS, other service providers, policy makers, and the general public to measure the well being of children in Lake County, including indicators of health, disability, education, safety, and economic conditions); in 2003, LCDSS provided clients with a "Satisfaction of Services" survey; a foster parent "Training Needs" survey in 2004; in 2001 and 2004 a report on the "Community Indicators of Alcohol and Drug Abuse Risk for Lake County", prepared by the Center for Applied Research Solutions; U.S. Census Bureau; U.C. Berkeley; CDSS; the California Department of Education; and lastly, LCDSS creates monthly, quarterly and annual statistical reports to disseminate within the department for service improvement and to share with community partners. All of these sources of information were utilized in the assessment.

Conforming to CDSS guidelines for the Self-Assessment, LCDSS selected three outcomes from those suggested by CDSS as target outcome areas for this initial fiscal year. The three outcomes are specifically the subjects in the System Improvement Plan. These outcomes also address issues the Federal government has regarding better results for child welfare clients. The Lake County identified outcomes are being incorporated into CDSS's response to the Federal government

in the comprehensive state effort entitled the Program Improvement Plan for the State of California.

The System Improvement Plan areas of focus chosen for Lake County are as follows:

- 1. Child clients will be seen at least monthly by the social worker and those contacts will be recorded timely into the CMS/CWS computer.**
- 2. Children will experience fewer foster home placements during their time in out of home care.**
- 3. Fewer children will re-enter foster care after leaving the foster care system.**

In order to produce a comprehensive, accurate Self-Assessment document, LCDSS sought input from representatives of partner agencies, government departments, and individual consumers. Among those consulted for the Self-Assessment were members of the Children's Council, the Lake County Multi-Disciplinary Team, the Juvenile Justice Commission, State Department of Social Services-Adoptions Branch, the Lake County Office of Education, Department of Health Services-Mental Health Division, Department of Health Services-Public Health Division, Juvenile Probation Department, Redwood Coast Regional Center, the Inter-tribal Council of California, the Foster Parent Association, the Juvenile Court Commissioner, staff of the Foster Family Agencies-Redwood Children's/ Families United/ Environmental Alternatives/ St. Vincent's of Marin. Input from social workers, supervisors and managers within LCDSS was sought as well. The Self Assessment Advisory Committee met as a group and was responsible for reviewing and editing the content of the Self-Assessment. Included in this committee were representatives from the Juvenile Probation Department, Department of Health Services-Mental Health Division, Lake County Office of Education, Department of Health Services-Public Health, Inter-Tribal Council of California, California Department of Social Services-Adoptions Branch, a foster parent, and three LCDSS staff.

When the System Improvement Plan was to be developed, community partners were again asked their input. The System Improvement Plan Advisory Committee was comprised of Brad Barnwell, Lake County Juvenile Probation; Laura Solis, Department of Health Services-Alcohol and Other Drugs; Diana Loretz, California Department of Social Services-Adoptions Branch; Marsha Crocker, foster parent; and six LCDSS staff - Kathy Maes, Deputy Director; Sally Evans, Child Welfare

Services Program Manager; Diane Beverlin, Supervisor; Patti Powell, Supervisor; Alana Scarbrough, Supervisor; and Paula Austin, Staff Services Analyst. In addition, the previous members of the Self-Assessment committee were asked to contribute their suggestions.

This initial System Improvement Plan contains the completed CDSS outline, including “improvement goals, strategies, systemic changes needed, training needs, partner roles, and suggested statutory changes” for each of the three outcomes identified. (Partner agencies and departments are denoted in the bold print type.)

The strength of Lake County is the on-going commitment and dedication of department staff, service providers and community members working together under adverse pressures to promote a higher level of child and family well-being. The combined effort of many individuals has produced this System Improvement Plan that will guide the department in its collaborative attempt to improve outcomes in the identified areas, better serving children and adults in Lake County.

CHILD WELFARE SYSTEM IMPROVEMENT PLAN

2004/2005

I. Outcome/Systemic Factor:

2C. SOCIAL WORKER REQUIRED CONTACT WITH CHILDREN

County's Current Performance:

As an indicator of child safety, the state standard is 90% (and above). The CDSS data report reviewed the second quarter of 2003; this data gives an average of 59.4% overall for Lake County. Data indicators do not take into account that 15% of the cases are in permanent placement with non-related legal guardians and do not require monthly contacts. Taking this out of the equation would bring LCDSS's compliance rate to 74.4%. After reviewing this indicator LCDSS also found that social workers, because of the case management demands on their time, were not entering contacts into the system timely. Hence, although the mandated contacts were made, these were not reflected in the computer record that CDSS relies upon for audit.

Improvement Goal(s):

1. Increase social worker required contacts to 90%.
2. Enter contact "exceptions" into all case plans within CWS/CMS computer system.
3. Train workers to enter contacts/narratives timely and consistently.

Strategies:

LCDSS contact reports will be printed and given to the line supervisors by the 15th of each month. Supervisors will determine how timely the contacts are being completed and the information input into the computer by workers. Supervisors will assist the workers as needed with time management skills.

Milestones:	Timeframes:	Assigned to:
1. AB636 Data Entry Training for All Social Workers	SFY 2004/2005	U.C. Davis CWS Staff Analyst
2. Time Management Training as Needed for Workers	SFY 2004/2005	CWS Supervisors
3. Create case plans and and contact exceptions for non-related legal guardian cases	SFY 2004/2005	CWS Social Workers
4. Oversight and Quality Assurance	SFY 2004/2005/On-going	CWS Supervisors CWS Staff Analyst
<p>Rationale-how the strategies will build on progress and improve this program/outcome area</p> <p>Consistent and current data entry of contacts, exceptions, and case narratives assist the entire department, enabling line supervisors and on-call workers to have the most current information in event of emergency. This also assures an accurate and complete record of activities, fulfilling state mandates and assuring all children are safe.</p> <p>LCDSS will begin creating case plans for the non-related guardianship cases that would then enable the worker to show a contact exception in CWS/CMS. This will take considerable staff time to initiate and complete, but it will result in raising the outcome measurement.</p>		
<p>Describe systemic changes needed to further support the improvement goals.</p> <p>The CWS/CMS computer system should be changed so that a contact exception can be entered without creating an entire case plan which is necessary for all of the open non-related guardianship cases in order for the department to reach 100% contact compliance.</p>		
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</p> <p>Time-management training will be made available to workers needing it. In-county training on AB636 computer input for workers through U.C. Davis would continue to be of great help to the workers.</p>		

Identify roles of the other partners in achieving the improvement goals.

There would be an advantage to **CDSS Adoptions Branch** workers entering their contacts into CWS/CMS, because, once a child has a permanent plan of adoption, the responsibility for the child is shared between Adoptions and Child Welfare Services. The assigned workers in each department could have access to the case notes of the other, facilitating sharing information and report writing. Adoptions agrees that this would be an advantage. As the singular Adoptions worker is able to make time to begin including her contacts in CWS/CMS, she will start to do so.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

Although this would not be a “regulatory or statutory change,” the following suggestion merits mention. At one time the state was going to supply the counties with palm pilots or “CTs” to assist the social workers while they were in the field. They could enter their contacts as they made them and then be able to download the data into the CWS/CMS computer when back at the office. Because of the cost associated with this, the state decided that the counties would have to incur this cost if they wanted the technology. Having the use of this technology would save workers countless hours of writing notes in the field and then coming back to the office to enter this data.

II. Outcome/Systemic Factor:

3B. CHILDREN WITH 1-2 PLACEMENT WITHIN 12 MONTHS

3C. CHILDREN WITH 1-2 PLACEMENTS IF STILL IN CARE AT 12 MONTHS (Entry cohort)

County's Current Performance:

The Federal standard is 86.7% (or more). LCDSS data for the first 12 month study period was 3B. 82.6% and 3C. 70.5%.

Improvement Goal(s):

1. Reduce the number of moves a child makes in foster care and bring LCDSS's performance to 86.7% in 3B.
2. Increase the number of available foster care emergency beds in Lake County.
3. Provide on-going training for all foster parents relative to understanding and handling difficult behavior of children and youth in placement.

Strategies:

Lake County contracts for five emergency shelter care beds. (To date only three beds have been certified.) LCDSS social workers will utilize the emergency foster beds whenever possible as initial placements and for difficult to place children. The concept of emergency beds allows time for the social worker to develop a better profile of the child in terms of particular individual needs and special placement considerations. This 30-day emergency placement period will be invaluable in determining the best possible placement should the recommendation be for continued out-of-home care. The social worker can match the needs of the child with the most appropriate foster caregiver, reducing placement failures.

LCDSS will continue to offer relevant supportive training for foster parents, engage in open communication with foster family agencies and foster parents, and provide on-going viable foster parenting resource information.

Milestones:	Timeframes:	Assigned to:
1. Five Emergency Shelter Beds utilized regularly	SFY 2004/2005	LCDSS in partnership with Contracted FFA
2. Foster parent training provided that focuses on difficult child and youth behaviors in placement.	SFY 2004/05	LCDSS in partnership with Mendocino College Lake County Office of Ed. Foster Parent Association Foster Family Agencies Children's Council
3. Quarterly Foster Parent newsletter with viable training topics for foster parents	SFY 2004-Ongoing	CWS Staff Analyst
<p>Rationale-how the strategies will build on progress and improve this program/outcome area.</p> <p>Implementing these strategies will contribute to the stability of dependent children, enhance their functioning and their self-esteem as they find acceptance and permanence in their situation. These efforts will also empower foster parents, providing them more satisfaction and success in the challenging work they do. Further, social workers' time will be more effectively and efficiently spent in supporting children in placement rather than spending energy and time looking for new homes and completing the multiple tasks inherent in placement change.</p>		
<p>Describe systemic changes needed to further support the improvement goals.</p> <p>There is a need for skilled foster parents who understand the dynamics of a traumatized child's behavior and can continue to parent despite the tests and trials posed by the child. When a child must be placed in a more structured setting, like a specialized foster home or group home, it should be in his/her own community. There is a need for these homes within the county. There are no group homes here for boys and only two (level 10) group homes for girls. Placing children out of county makes it more difficult for successful reunification to take place and it produces a grave travel and time burden for social workers who must arrange time to see these children at least once a month, and engage service providers for the children in another area. Further, if reunification services are being offered to the parents, the social worker must organize contact and visits between the child and the parents, siblings and grandparents. Lastly, the child is removed from his community and any familiar surroundings, which adds to the child's losses. LCDSS will work with foster family agencies to begin to develop intensive or therapeutic foster care homes within the county.</p>		

Limited funding sources is the ultimate systemic barrier. Waiting lists for services mean that the parent has a later start in acquiring skills and abilities to change dysfunctional behaviors, thus extending the time necessary to reunify the family.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

LCDSS will contract to provide training to foster parents. Although LCDSS offers some training, the majority of the training for foster parents is done by our partner agencies in the county.

Identify roles of the other partners in achieving the improvement goals.

Mendocino Community College, Lake County Office of Education, Lake County Foster Parent Association, Foster Family Agencies, and the Lake County Children's Council all assist with training for foster parents to care for children with difficult behaviors.

The **Interagency Placement Review Committee** evaluates for appropriateness of level 12–14 placements and additional services that could be beneficial to these children.

Lake County Tribal representatives are currently meeting with LCDSS and other agencies to develop foster homes among tribal members so native children needing placement can be placed in native homes at the time of removal.

Adoptions and LCDSS collaborate regularly to advance concurrent planning and assure that a child needing a permanent home is placed as quickly as possible in a home that can provide on-going permanence for the child.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

Although the county currently has a specialized foster care increment of higher payment to state licensed, relative or non-related extended family member homes for the care of children with special needs, funding has been cut in other areas that assisted the hard to place children of Lake County. An example is the termination of the "Systems of Care" funding in the next budget year. This allocation was provided to children who were participating in the Interagency Individual Enrollee Based Program (IEBP). This collaborative effort was successful in assisting child clients in Child Welfare, **Juvenile Probation and Mental Health** with services not covered by other funds. Services included specialty mental health services, services promoting family involvement, and specialized in-home care to offset the lack of therapeutic foster homes. This program provided a safety net for the families it served. This funding stream could again improve the lives of children and families in Lake County if the program were reinstated.

III. Outcome/Systemic Factor:

3F. CHILDREN WHO RE-ENTER FOSTER CARE

**3G. CHILDREN WHO RE-ENTERED FOSTER CARE WITHIN
12 MONTHS OF REUNIFICATION (Entry Cohort)**

County's Current Performance:

The Federal standard is 8.6% (or less) within 12 months. LCDSS's statistic is approximately 19.3%. LCDSS has found that part of this high rate is inappropriate data entry into the computer; This problem has been corrected, but the new data showing the corrected amount is unavailable.

Drug and alcohol abuse is a factor in about 90 percent of all opened cases in the county and remains a factor in the re-entry cases. More emphasis must be placed on the hazards of addiction and on developing more treatment support groups.

Improvement Goal(s):

1. Reduce the number of children re-entering the foster care system.
2. Develop comprehensive case plans addressing all services from which the client may benefit.
3. Promote drug-free lifestyles through collaboration with partner agencies.

Strategies:

Social workers will engage clients in developing case plans so that the plan is comprehensive, reflecting all the client needs and corresponding relevant services. This should assure greater success for the clients in completing their plans, improving their life skills.

All drug and alcohol treatment programs for addicted parents will be utilized to the fullest. LCDSS will work with community partners to support the development of additional treatment programs for parents. LCDSS will also support any community effort to develop and disseminate information relating to the hazards of drug use, particularly during pregnancy.

Milestones:	Timeframes:	Assigned to:
1. Case plans developed with client input	SFY 2004/05/On-going	CWS Social Workers CWS Supervisors
2 . Participation with partner agencies in drug addiction prevention through education	SFY 2004/05	LCDSS in partnership with Health Dept./AODS Tribal Health Children's Council MDT HRIT
3. Collaboration with other agencies to explore "dependency drug court" within the county	SFY 2004/05	LCDSS in partnership with Health Dept./AODS Probation Dept.
<p>Rationale- how the strategies will build on progress and improve this program/outcome area.</p> <p>Including clients in the formulation of the case plan may help them to better commit to participation because they have a clearer understanding of what is being included and why. Parents may also contribute additional ideas regarding the services they need.</p> <p>Drug prevention activities further the preservation of families. They promote healthier children and parents. These efforts are directly in line with the State of California's emphasis on strength-based intact families, and with the Federal goal of having fewer children re-enter placement.</p> <p>LCDSS and partner agencies will research and consider the potential of "Dependency Drug Court" for the county, whereby family issues are addressed prior to removal of children from the home.</p>		
<p>Describe systemic changes needed to further support the improvement goals.</p> <p>There are rarely enough service providers to meet the needs of all of our child and adult clients. In particular, drug treatment programs have waiting lists, especially residential programs for addicted parents. Accessible treatment programs for a parent directly impacts the parent's ability to then complete the other components of their service plans, like engaging in individual therapy and participating in parenting instruction. In this county, there is just one inpatient facility for drug addicted women. It has eight beds and no beds for men. Drug and alcohol treatment is the single most common service objective. Alcohol and Other Drug Services, the assessment and outpatient treatment resource for the county, recently initiated a sliding fee charge for urinalysis testing and counseling services for families with court-ordered service plans. When children are taken into</p>		

custody the parents lose their Medi-Cal. Unless the parent can pay, LCDSS must use additional service budget monies to cover this amount. Parents should be allowed to retain their Medi-Cal to pay for drug treatment and therapeutic services to help them reunify with their children.

LCDSS is committed to supporting any and all efforts by treatment agencies to expand treatment services for parents.

The state should implement the important findings of the SB2030 statewide work-study, thereby lowering social worker caseloads, resulting in more intensive case management, and increasing the probability of more positive outcomes for children and families.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

LCDSS will continue to offer training for social workers to strengthen their assessment skills and better equip them to determine the foundation problems of parents. This will enhance their ability to design comprehensive service plans that accurately and thoroughly address the entire scope of the clients' needs.

Identify roles of the other partners in achieving the improvement goals.

Alcohol and Other Drugs, The Children's Council, Lake County Public Health, High Risk Infant Team, the Multi-disciplinary Team and the **Tribes** all play an important role in increasing public awareness about the dangers of drug use. These community partners are committed to providing information to clients and to the public in support of drug-free lifestyles to assure appropriate parenting behavior, promote child well being and keep families together.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

The 6/12/18 month reunification time frame for services does not allow enough time for parents to get their substance abuse under control and develop new coping behaviors before the children must be reunified. If the mandated timeframes were expanded, the parent would be farther into recovery and better assured of success in maintaining a drug-free lifestyle.

More funding is needed to treat drug and alcohol addiction, to promote public awareness about the dangers of using drugs, especially during pregnancy.

JUVENILE PROBATION SYSTEM IMPROVEMENT PLAN

2004/2005

I. Outcome/Systemic Factor:

More timely Mental Health Referrals by the probation officer

County's Current Performance:

When a minor is detained and brought before the court, at a detention hearing the minor may be deemed "at risk of out of home placement". When this occurs all time spent working with the minor and working on his case by the probation department can be claimed for reimbursement under Title IV-E (time study). In such a case the minor is detained in the Juvenile Hall and is not eligible for Medi-Cal. Since the minor is not eligible for Medi-Cal services while in the Juvenile Hall, any mental health services provided by the county's Mental Health Department are not reimbursable through Medi-Cal. Hence, no mental health services are provided unless paid for by the court, probation or the Mental Health Department with general fund monies. Often, minors are either placed in foster care or returned home (still "at risk..." and IV-E eligible) without a mental health assessment. Historically, the Probation Department has contracted with a private MFT to augment this service at the Juvenile Hall and at the minor's home when he is released from detention. The assessments gave a good indication of the minor's needs and whether the minor could be treated with local resources without removing the minor from the home. This position was eliminated due to budget restrictions.

Improvement Goal(s):

1. To make more pre-disposition mental health referrals/assessments.
2. To provide pre and post disposition mental health services to more detained juveniles.
3. To reduce the number of out of home placements by treating the minor's mental health needs with local resources.

Strategies:

The state and the county have signed their respective 04/05 budgets. There is now a limited amount of money available in the Probation Department budget to fund part time mental health services for detained minors and "at risk minors" that have been returned to their parents. The Chief Probation Officer has contacted the Mental Health Department and presented a proposal to fund mental health counselors to provide pre and post disposition assessments and on going

counseling for detained minors. The counseling would continue at home and the Mental Health Department would be reimbursed through Medi-Cal for those minors eligible for Medi-Cal. If an agreement can be made an MOU will be signed and mental health will provide the service. Once the MOU is signed there still may be a lengthy period of time before licensed mental health counselors can be recruited to provide the service.

Once the counselor is on line the Probation Department will start making referrals for “at risk minors” that have been returned to their parents and minors that have been detained by the court. The results of the initial assessments/needs evaluation will be discussed and a determination made as to whether the minor’s mental health needs can be met with local resources.

Milestones:

Timeframes:

Assigned to:

1. Secure new funding	10/2004	Probation Department In partnership with Mental Health
2. Create and sign an MOU with Mental Health	11/2004	Probation Department In partnership with Mental Health
3. Hire mental health counselors	1/2005	Probation Department In partnership with Mental Health
4. Start the Referral process	2/2005-on-going	Probation Department In partnership with Mental Health

Rationale- how the strategies will build on progress and improve this program/outcome area.

Pre-disposition mental health assessments will allow probation to better determine whether the minor’s mental health needs can be treated in-county thereby reducing the number of minors placed in foster care. Additionally, the pre-disposition assessments will help validate the need for foster care in those cases where local resources are inadequate to meet the minor’s needs.

Describe systemic changes needed to further support the improvement goals.

The intake investigation conducted by the Probation Department for newly arrested minors determined to be at risk and in need of detention will include a written referral to Mental Health as well as a method to log the referral in the minor’s case file. The referral will include needed waivers and a date for an assessment review to be completed in advance of the projected date for the

disposition hearing. This will allow the Probation Department to include the conclusions of the assessment in the disposition report to the court.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

The “Intake Investigation Procedure” conducted by the probation officers will be amended to include the referral process to Mental Health. The officers will receive training on the change.

Identify roles of the other partners in achieving the improvement goals.

Other than Probation and Mental Health there would be no other partners involved in the referral and assessment process.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

This proposed increase in the number of referrals for mental health services is based on a fickle funding stream. In order to secure a more reliable funding source a change to the Medi-Cal rules making services to detained minors reimbursable would be essential.

ATTACHMENT
(Lake County Self Assessment Summary - 2004)